

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-022080

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5188

FILED MAY 27 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. LouisLength of stay in 1b
3 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Jewish HospitalInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louisc. CITY
OR
TOWN OlivetteInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 1152 Indian MeadowReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or, print)

First

HARRY

Middle

PONFIL

Last

4. DATE
OF
DEATH

Month

Day

Year

May 13, 1963

5. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
6/1/18989. AGE (last birthday)
64IF UNDER 1 YEAR. IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Manufacturer10b. KIND OF BUSINESS OR INDUSTRY
Ladies Garments11. BIRTHPLACE (City and state or country)
Poland12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Itzak Ponfil

13b. MOTHER'S MAIDEN NAME

Sarah Soule

14. NAME OF HUSBAND OR WIFE

Eva

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)
No None

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Eva Ponfil 1152 Indian Meadow Dr.18. CAUSE OF DEATH (Enter only one cause)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MYOCARDIAL INFARCTION

INTERVAL BETWEEN
ONSET AND DEATH

3 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

CORONARY THROMBOSIS

3 days

DUE TO (c)

4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Diabetes mellitus

PART III. If deceased was female, was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from FEBRUARY 10, 1963 to MAY 13, 1963 and last saw ^{her} him alive on MAY 13, 1963
Death occurred at 9:20 pm in on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert Rubin M.D.

22b. ADDRESS

8515 DELMAR ST. LOUIS 24

22c. DATE/SIGNED

5/14/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Removal

23b. DATE

5/15/1963

23c. NAME OF CEMETERY OR CREMATORY

Chesed Shel Emeth

23d. LOCATION (City, town, or county)

University City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Berger Memorial 4715 McPherson Avenue

25. DATE REC'D. BY LOCAL REG.

MAY 14 1963

26. REGISTRAR'S SIGNATURE

Road Smith M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300
Rev. 4/59

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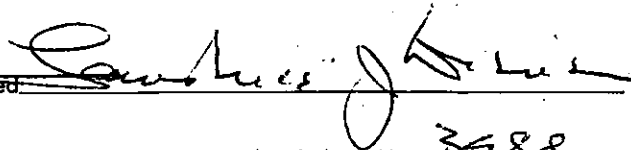
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 3788

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.